



• Sender: Please print your name, address, and ZIP+4 in this box •

UNITED STATES DISTRICT COURT
221 Potter Stewart Courthouse
100 East 11th Street
Cincinnati, OH 45202

4202cv100
4815/48BE
04/08/04

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Derrick Reaves
#349-081
Chillicothe Correctional Institution
P.O. Box 5500
Chillicothe, OH 45601

COMPLETE THIS SECTION ON DELIVERY

A. Signature X <i>CClcc</i>		<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>CClcc</i>		C. Date of Delivery <i>4-12-04</i>
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

2. Article Number

(Transfer from service label)

7003 0500 0002 0889 9353

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540